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APPLICANTS

Rainer Bosse, Kirchberg, SWITZERLAND;
 Stefan Jost, Muehleberg, SWITZERLAND;
 Markus Ramseyer, Uetendorf, SWITZERLAND;

** CONTINUING DATA *****
 This application is a CON of PCT/CH01/00173 03/20/2001 *COH 3/20/06*

** FOREIGN APPLICATIONS ***** *COH 3/20/06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>3/20/06</i>	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 15	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance *COH 3/20/06*

Verified and Acknowledged
 Examiner's Signature *COH 3/20/06* Initials *COH*

ADDRESS
 David E. Bruhn
 DORSEY & WHITNEY LLP
 Intellectual Property Department
 50 South Sixth Street, Suite 1500
 Minneapolis, MN
 55402-1498

TITLE
 Cannula protecting cover

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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